Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING HAL041003 08/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE **GREENSBORO RETIREMENT CENTER** GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller on August 10, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 133) Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on August 10, 2016: b. Shower Room - the L shape grip (grab bar) had one of its support rusted away. {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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{C 189}	Continued From pa	age 1	{C 189}									
	care home shall be operating condition (k) This Rule shall facilities with the ex	maintained in a safe and										
	This Rule is not met as evidenced by: 1. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there is no other illumination available. Findings on August 10, 2016: c. Corridor outside Activity Room - the wall-mounted self-contained emergency light did not provide a minimum of one footcandle of illumination at the floor level when the test button was pushed.											
{C 199}	provided with exhautwo cubic feet per requirement does r	PHYSICAL PLANT and the in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed 4, with natural ventilation in aces: rage; ; I toilet rooms;	{C 199}									

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406 [(X4] ID PROVIDER'S TATEMENT OF DEFICIENCIES TAGK TAG SUMMARY STATEMENT OF DEFICIENCIES TAGK ((A) ID REGULATORY OR LSC IDENTIFYING INFORMATION) ((C 199) Continued From page 2 ((5) laundry area. ((k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on August 10, 2016: a. Dining Utility Closet - the local exhaust ventilation system did not work, allowing a build-up of odors. b. Bedroom 407 Bathroom- the local exhaust ventilation system did not work, allowing a build-up of odors. d. Mop Room - the local exhaust ventilation system did not work, allowing a build-up of odors. d. Mop Room - the local exhaust ventilation system did not work, allowing a build-up of odors.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
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